SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 4. The issue and acceptance of this is form by instrained companies.
 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 22/02/2022 16:41 (SGT) Date of Accident 22/02/2022 08:50 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TWDS SLE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT8816A

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner YEO SEE ANN NRIC No. S1739862H

Email Address selphk38@yahoo.com Mobile Phone No (Phone) +65-96620556

Alternative Phone No +65-96620556

VEHICLE PARTICULARS

Manufacturer Mazda Model 3

Variant

Exact purpose for which vehicle was being used at time of accident Private use

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.

Type of Coverage Comprehensive

Fleet Policy

Policy Number P10568348R00

Cover Note Number

DRIVER

Name of Driver JONATHAN YEO YING TAO

NRIC No. S9542951C Date Of Birth 18/11/1995 Occupation Indoor Date Of Driving Pass 25/11/2014 Driving experience 7 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-82993155 Alt. Phone Number Email Address selphk38@yahoo.com Address BLK 205A COMPASSVALE LANE #08-29 Address complement Postcode 541205 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο FOREIGN VEHICLE 1 Vehicle Registration Number JTS1914 Vehicle Category Motorcycle DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Bedok South Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002448999 Alt. Police Station Phone No (Fax) +65-62446558 Police Station Address 20 Chai Chee Drive Singapore 469045 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20220222/2025. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SH9155K

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi Name of Driver **JIMMY** Contact Number (Phone) +65-96235804 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE B** No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JTS1914 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE C** No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBC233E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident VEHICLE D No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of ;
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

& Time

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

A 8KTR&16A B. SH9155K C. JTR1914

Describe Circumstances of REFER TO POLICE	E REDORT	
	, c N 3 p 0 1 .	
	N	
laration		
declare the foregoing particular	s are true in every respect.	
1		
13	Joansolan	
yholder's Signature / Date &	7. <u>2 </u>	
yriolder's Signature / Date &	Driver's Signature (# driver is not the policyholder) . & Time	Date Witnessed by Reporting Centre Personnel

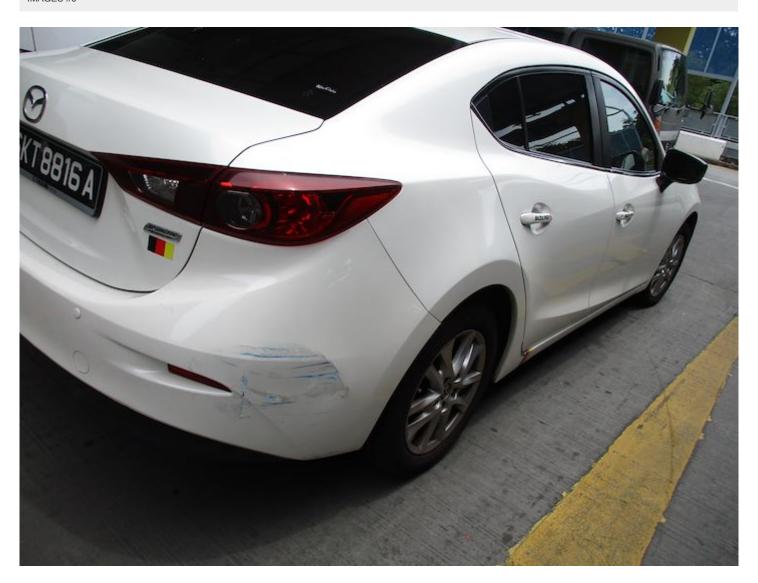


















Police Station Of Origin: Bedok South NPP

20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

1 of 4 Report No. T/20220222/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2022 11:49			Vide Report No.: E/20220222/0052	Station Diary No.: 24	
Informa	nt's Partic	ulars			
	Informant: IAN YEO Y		Address: APT BLK 205A COMPASS\ 541205	/ALE LANE #08-59 SINGAPORE	
ID Type / ID No.: NRIC NO / S9542951C			Contact No.: Home/Office: Mobile: 82993155		
National SINGAP	ity: ORE CITIZ	'EN	Email: JONATHANYEOYT@GMAI	L.COM	
Sex: Age: Date of Birth: Male 26 18/11/1995			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SOFTWARE ENGINNER			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/02/2022 08:40	Type of Location: Straight Road	
Location: CENTRAL EX Weather: Clear	(PRESSWAY	Road Surface:		Road Speed Limit:	
Traffic Flow: One Way		Dry Traffic Control:		Traffic Volume: Heavy	
OHO TYCIY	Type of Collision: Between Moving Vehicles - Head To Rear				

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC233E	Van	FIAT	DOBLO CARGO 1.6MJ	White		0
JTS1914	Motorcycle					0
SH9155K	Car	тоуота	PRIUS HYBRID 1.8 CVT	Blue		0





Police Station Of Origin: Bedok South NPP 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

2 of 4 Report No. T/20220222/2025

CONTINUATION OF REPORT

Details of V	ehicle Invo	lved			1 N N 1	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKT8816A	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	White		0

Details of Perso	n Involved		ata a sa	M.		
Any Pedestrian In						
No. of Pedestriar	Use of Ped	destrian C	rossi	ng: NA		
Driver				383		
Name	SHANKAR		ID No.		NIL	
Related Vehicle	GBC233E (Van)		Contact No.		84125527	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	Date Disc	The second secon	IIL		
No. of Days gran	ted Medical Leave NIL	Degree of		IIL		
Rider						
Name	THIAGU		ID No.		NIL	
Related Vehicle	JTS1914 (Motorcycle)		Contact No.		83506025	
Hospital/Clinic	NIL		Class of Driving Licence Expiry D	&	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disci	and the second s	IIL		
No. of Days gran	ted Medical Leave NIL		Degree of Injury NIL			
Driver				531/085	6000 5-840 E.J.	
Name	JIMMY		ID No.		NIL	
Related Vehicle	SH9155K (Car)		Contact No.		96235804	
Hospital/Clinic	NIL		Class of Driving Licence Expiry D	&	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc				
	ted Medical Leave NIL	Degree of		IL		





Police Station Of Origin: Bedok South NPP 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

Report No. T/20220222/2025

CONTINUATION OF REPORT

Driver					7/12	
Name	JONATHAN YEO YING TAO			ID No		S9542951C
Related Vehicle	SKT8816A (Car)			Conta	ct No.	82993155
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	anted Medical Leave NIL Degree			f Injury	NIL	

Brief Details.

On 22/02/2022 about 0843hrs, I was driving to work. I was on driving towards CTE, along Chin Swee Road. I merger in and there was a car in front of me. The front car was trying to filter left and jammed break. After seeing this, I pressed jammed break. Initially there was no impact. Suddenly, there was a collision from my vehicle rear. Heft the vehicle and realized a chain collision car accident happened. Someone had called for Traffic Police who came later. Traffic Police came and I handed over my in-car camera footage to the Traffic Police Investigation Officer Alex hp: 96753661. Nobody injured. I wish to state that my vehicle suffered scratches on the vehicle rear back.





Police Station Of Origin: Bedok South NPP 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

4 of 4 Report No. T/20220222/2025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: G / STAFF SGT CHIN YONG PEI, DESMOND	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2022 11:49
Officer In Charge Of Case: TP / GIT / SR STAFF SGT MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Marco Marco	THE SAME SAME
NP168	CICNATURE

It pays to choose



Certificate of Insurance

Comprehensive Car Policy Policy Number: P10568348R00

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10568348R00 (Comprehensive / Authorised Driver Plan)

1) Vehicle Registration Number

SKT8816A

Chassis Number

27,10010

2) Effective Date / Time of Commencement

: 25/06/2021 (00:00)

of Insurance for the Purpose of the Act
3) Date / Time of Expiry of Insurance

24/06/2022 (23:59)

4) Excess (i) Policy

S\$ 600.00

(ii) Windscreen

S\$ 100.00

Policyholder

Yeo See Ann

6) Persons or Classes of Persons Entitled to Drive*

Drivers named as a Main / Named Driver in this Certificate of Insurance and any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. Household members of the Main Driver not named in this Certificate of Insurance will not be covered.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Driver / Date of Birth

Yeo See Ann(05/07/1966)

Named Driver(s) / Date of Birth

Janathan Yeo Ying Tao (18/11/1995) Yeo Ying Yao Joel (23/07/1994) Jasmine Yeo Jia Min (16/03/1997)

7) Limitation as to use*

Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.

8) Finance Company

N/

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on 14/05/2021

Auto & General Insurance (Singapore) Pte. Limited Trading as Budget Direct Insurance

> Simon Birch Chief Executive Officer

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance** 190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg